Certificate of Need Activity Report - Decisions 04/01/2023 to (

Final Decision Date	CON ID	Facility ID	Facility Name	City	County
04/03/2023	23-0069	33-4158	MEDILODGE OF CAPITAL AREA	LANSING	INGHAM
04/03/2023	23-0070	18-4020	MEDILODGE OF CLARE	CLARE	CLARE
04/04/2023	23-0020	99-C011	ALLIANCE HNI LEASING COMPANY	IRVINE	OUT OF STATE
04/04/2023	23-0039	28-0010	MUNSON MEDICAL CENTER	TRAVERSE CITY	GRAND
04/10/2023	23-0034	81-0060	UNIVERSITY OF MICHIGAN HEALTH	ANN ARBOR	WASHTENAV
04/11/2023	23-0022	99-C011	ALLIANCE HNI LEASING COMPANY LLC	IRVINE	OUT OF STATE
04/12/2023	22-0241	33-2603	MSU CLINICAL CENTER	EAST LANSING	INGHAM
04/12/2023	23-0037	73-4110	SAMARITAS SENIOR LIVING SAGINAW	SAGINAW	SAGINAW
04/12/2023	23-0036	82-C042	KARMANOS PET CENTER	DETROIT	WAYNE
04/13/2023	23-0047	82-0010	BEAUMONT HOSPITAL - WAYNE	WAYNE	WAYNE
04/14/2023	22-0240	33-2603	MSU CLINICAL CENTER	EAST LANSING	INGHAM
04/14/2023	22-0242	33-2603	MSU CLINICAL CENTER	EAST LANSING	INGHAM
04/18/2023	22-0082	50-C046	MADISON HEIGHTS IMAGING CENTER LLC	STERLING	MACOMB
04/18/2023	23-0033	50-0110	HENRY FORD HEALTH MACOMB HOSPITAL	CLINTON	MACOMB
04/20/2023	23-0030	41-C039	LEMMEN HOLTON CANCER PAVILION	GRAND RAPIDS	KENT
04/25/2023	22-0181	83-0080	CHILDREN'S HOSPITAL OF MICHIGAN	DETROIT	WAYNE
04/25/2023	23-0032	83-0190	HENRY FORD HEALTH HOSPITAL	DETROIT	WAYNE
04/25/2023	22-0224	39-0010	ASCENSION BORGESS HOSPITAL	KALAMAZOO	KALAMAZOO
04/25/2023	22-0247	21-0010	ST FRANCIS HOSPITAL	ESCANABA	DELTA
04/25/2023	23-0031	64-0021	TRINITY HEALTH SHELBY HOSPITAL	SHELBY	OCEANA
04/27/2023	22-0091	82-C041	BEAUMONT OUTPATIENT CAMPUS - LIVONIA	LIVONIA	WAYNE

123

YTD Decisions

04/30/2023

Project Description	Decision	Project Cost
LANDLORD CHG & LEASE AMEND- 22YR+3MO REMAIN [WAIVER]	WAIVED	\$26,709,006
LANDLORD CHG & LEASE AMEND- 22YR+3MO REMAIN [WIAVER]	WAIVED	\$16,657,558
REPLACE 1 OF 2 UNIT- PET NET #122 [CSC]	APPROVED	\$2,027,499
REPLACE 1 CCL (LAB #2)	APPROVED	\$1,057,900
REPLACE 1 CCL	APPROVED	\$7,200,000
REPLACE 1 OF 4 UNIT-PET NET #124 [CSC]	APPROVED	\$2,027,499
ACQ REPL & RELOC CT SERV[1 UNIT] BY SPARTAN IMG	APPROVED	\$2,289,319
ACQ 92 BED NH BY SNO, LLC [20- YR LEASE]	APPROVED	\$10,800,000
REPLACE PET +USE FOR CT-ONLY	APPROVED	\$2,879,234
MRI NETWORK #199 [NOTICE]	APPROVED	\$312,000
ACQ REPL & RELOC 4 MRIS BY SPARTAN IMG	CONDITIONAL- AP	\$14,294,493
ACQ REPL & RELOC 1 PET/CT BY SII [USE FOR CT ALSO]	CONDITIONAL- AP	\$4,392,012
MRI NETWORK #226	APPROVED	\$573,308
MRI NETWORK #59 [NOTICE]	APPROVED	\$0
REPLACE CT SCANNER	APPROVED	\$1,223,060
REPLACE DEDICATED PEDIATRIC MRI	APPROVED	\$3,774,137
REPLACE MRI NETWORK # 59 [CSC]	APPROVED	\$1,842,200
ADD 2 ORS [TOTAL 16] [CURATIVE]	APPROVED	\$0
INITIATE DIAGNOSTIC CCL SERVICE [1CCL]	CONDITIONAL- AP	\$4,988,790
REPLACE FIXED CT & USE TEMP MOBILE	CONDITIONAL- AP	\$749,903
PET NETWORK #200	APPROVED	\$459,000
04/01/2023 - 04/30/2023 Costs	\$104,256,918	
YTD Costs		\$802,091,352